

**Tallahassee Society of Association Executives**

ASSOCIATE / SUPPLIER MEMBER INVOICE

P.O. Box 1139  
Tallahassee, FL 32302  
Phone 850.561.6124 Fax 850.561.6164

**INVOICE**



TSAE MEMBER NAME: \_\_\_\_\_

COMPANY NAME: \_\_\_\_\_

MAILING ADDRESS: \_\_\_\_\_

CITY, STATE ZIP: \_\_\_\_\_

PHONE: \_\_\_\_\_ EMAIL: \_\_\_\_\_

QUANTITY	DESCRIPTION	UNIT PRICE	TOTAL
1 TSAE Associate	Annual Membership Dues January 1 – December 31, 2010	\$110.00	\$110.00
	TOTAL DUE:		<b>\$110.00</b>

Payment Info:

\_\_\_\_ Check Enclosed (payable to TSAE). Credit Card: \_\_\_\_ Visa \_\_\_\_ MC \_\_\_\_ AMEX

Credit Card #: \_\_\_\_\_ Exp. Date: \_\_\_\_\_

CVV (required) \_\_\_\_\_ (3-digits on the back of Visa/MC; 4-digits on AMEX above account number)

Name on Card: \_\_\_\_\_

Signature: \_\_\_\_\_

Billing Address with zipcode: \_\_\_\_\_

If you have any questions concerning this invoice please contact Ann Rogers or Sherri Banyas at 850.561.6124 or [info@tallysae.org](mailto:info@tallysae.org).

**Thank you for your continued support of TSAE!**

